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ABSTRACT

Many clinical observations of child witnesses of violence have been made, yet there has been little systematic research on the relationship between observing violence and perceived self-competence. Possible correlates of observing wife battering in the self-perceptions of young children were examined by administering the Pictorial Scale of Perceived Competence and Acceptance for Young Children to 4 and 5 year olds. Subjects were 16 children from Denver area Safehouses for battered women who had observed battering, and 16 children from a Denver area day care center who had not observed battering. Families from the two groups were comparable in income and parental marital status. The results indicated that the Safehouse children scored lower than the day care center children on the scales measuring social competence, cognitive competence, and paternal acceptance. The differences between the two groups on scales measuring maternal acceptance and physical competence did not achieve significance. A significant difference was also found in a combined score of all five scales, and in the combined score of cognitive, social, and physical competence and maternal acceptance. These data suggest that the Safehouse children felt less accepted by their peers and their fathers than did the day care center children, and felt less competent in cognitive skills. (NRB)

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SELF-PERCEPTIONS OF COMPETENCE AND ACCEPTANCE IN CHILD OBSERVERS OF WIFE BATTERING

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Abstract

Possible correlates of observing wife battering in the self-perceptions of young children were examined by administering the Pictorial Scale of Perceived Competence and Acceptance for Young Children to four to five year old children, half of whom were from Denver area Safehouses for battered women and the other half of whom were from a Denver area day care center. The groups were compared to determine whether the children from the Safehouses saw themselves as less competent and as less accepted by their parents than the children from the day care center.

Significant differences in cognitive competence, social competence and paternal acceptance were found, but differences in physical competence and maternal acceptance did not achieve significance. A significant difference was also found in a combined score of all five scales, and in the combined score of cognitive, social, and physical competence and maternal acceptance. The lack of significant differences in the other two areas could have been due to the small sample size, to problems with the control group, or to insufficient test validity; it is also possible that children who have observed wife battering do not feel less competent in physical skills or less accepted by their mothers than children who have not observed wife battering.

Systematic research on the problem of battered women has begun only during the past decade. The delay may be due to a lack of recognition of the extent and seriousness of the problem. Although it is widely believed that only a few women are battered, Walker (1979) and Davidson (1978) estimate that as many as 50% of all women are battered at some time in their lives.

One robust finding is the cyclical nature of family violence. Many batterers and battered women were victims of child abuse and observed their fathers abusing their mothers. Battered women were also frequently victims of incest. Star, Clark, Goetz, and O'Malia (1979) found that 30% of 57 battered women had witnessed their father beat their mother and that 33% were themselves abused by their parents. Gully, Dengerink, Pepping, and Bertsrom (1981) found that people who had memories of family violence reported and predicted more violent reactions to hypothetical situations than people who did not have memories of family violence. Ulbrich and Huber (1981) noted that men who had seen their father hit their mother when they were children are more likely to approve of violence against women.

Battered women tend to have social and emotional problems as well. Star et al. (1979) reported that women who have been battered have low ego strength and low self esteem, and tend to be introverted, frustrated, anxious and withdrawn. Walker (1979) too found lower self esteem in battered women, as well as signs of learned helplessness, guilt, severe stress reactions and psychophysiological disorders.

Children in violent families may have similar problems. Most of the research on these children includes children who have observed their fathers abusing their mothers, as well as children who themselves have been abused physically. Many clinicians believe that all of these children are psychologically abused. Davidson (1978) observed that infants in a violent home often exhibit poor health, poor sleeping habits and excessive screaming. Martin (1977) suggested that such children may have more problems in school than other children. Westra and Martin (1981) found that children who observe violence are more aggressive than other children, demonstrate impaired cognitive abilities, have delays in verbal development and manifest poor motor abilities. Observing violence may, then, be expected to lead as well to behavioral problems and to lower feelings of self-worth in children.

Many clinical observations of child witnesses of violence have been made, yet there has been little systematic research on the relationship between observing violence and perceived self-competence. The effect on self esteem may be especially severe for very young children. Child witnesses follow the model of the behavior of their parents, especially their aggression (Westra and Martin, 1981). It seems likely that child observers of wife battering might exhibit the same reduced self esteem as their models, the batterers and the battered women. In addition, the fear and violence these children live with might further reduce their feelings of competence. Such lowered feelings of competence could well appear quite early in development. But no objective data have been gathered on this issue to date. The present study focused on the possible relationship between observing violence and perceived competence in young children.

The major hypothesis was that four to five year old children who observed battering would exhibit lower perceived competence than children who had not. Competence was measured by a scale developed by Harter and Pike (1981), which assesses children's perception of their own competence and their feelings of acceptance by their parents. It yields scores for cognitive, social, and physical competence and maternal and paternal acceptance. Specifically, it was expected that self-rated scores of competence in cognitive, social and physical areas, separately, and combined scores (in the cognitive and social areas), would be lower for children who had observed violence than for children who had not observed violence. As for maternal acceptance, clinical observations suggests that children of battered women often demonstrate reversed roles with their mothers (with the child "parenting" the mother) or a very detached relationship with their mothers. Therefore, the prediction for the maternal acceptance subscale was that four to five year old children who observe battering would have lower scores on maternal acceptance than children of the same age who have not observed battering. Further, it has been observed that children of battered women often demonstrate fear and lack of trust toward men, especially towards their fathers (Davidson, 1978). Therefore, the prediction on the paternal subscale was that four to five year old children who observe battering would have lower scores on paternal acceptance than children of the same age who have not observed battering. It was also predicted that a combined score of all five subscales would be lower for the children from homes where there is wife battering than from the homes where there is no battering.

Method

Participants. The participants were drawn from two groups: children who had observed battering and children who had not. The children were from four to five years old. One group consisted of sixteen children from Denver area Safehouses for Battered Women. Fourteen of the children were residents of one of these shelters, while two had lived in the shelter in the previous year. The mothers of these two children had separated from their fathers, and the children were living with their mothers. The sample of children who had witnessed battering included seven boys and nine girls. Eleven of the children were Caucasian, three were Hispanic and two had ethnic backgrounds described as "other" by their mothers. The mean age of the children in this group was 4 years and 9 months. The second group consisted of sixteen children from a Denver area day care center. This group included nine boys and seven girls. Fourteen of these children were Caucasian, one was Oriental, and one had an ethnic background described as "other" by the child's parents. The mean age of the children in the second group was 4 years and 11 months.

Two important considerations in choosing the second group so as to make it comparable to the first were income and parental marital status. The particular day care center chosen for the comparison group served children who came from families whose yearly incomes and parental marital status were similar to those of the families in the Safehouse group. Since self-perceived competence may be related to socio-economic status, with children from families with low socio-economic status having lower perceived competence than children from families with high socio-economic status, the attempt to make the groups comparable on this variable was essential. The children in the day care center came mainly from low income families; the families of the

children at the Safehouses were also predominantly low income. There were some problems in assessing the actual income of the women in the shelter, largely because most of the battered women did not work outside the home and had been financially supported by their husbands' income, so when they separated from their husbands they had no income. The income of the parents of the day care children reflected the fact that most of them were working single parents. Since separation from their husbands 87% of the women at the shelters had reported incomes of $0 to $6000, 6% incomes of $6000 to $11,000 and 6% incomes of $11,000 to $15,000. By comparison 56% of the parents of the day care children reported incomes of $6000 to $11,000, 12% incomes of $11,000 to $15,000, 12% incomes of $15,000 to $21,000 and 12% incomes above $21,000; one parent did not respond to this item.

It may also be that perceived parental acceptance could be related to parental marital status. Specifically, children whose parents are divorced and who are living with their mother may score lower on paternal acceptance than children who are living with both parents. All the children and women at the Safehouses were separated at least temporarily from their fathers. For this reason, a day care center with a high proportion of children from divorced or separated families who were living with their mothers was chosen as the second group. Of the sixteen children from the day care center, 69% lived only with their mother, 6% lived only with their father, 6% lived with both their mother and stepfather or their father and stepmother, and 19% lived with both their parents.

Instrument. The measuring instrument was the Pictorial Scale of Perceived Competence and Acceptance for Young Children (Harter and Pike, 1981), a self-report test intended to measure the child's sense of competence in cognitive skills, social skills, and physical skills, as well as the degree of acceptance the child feels from the mother and the father. It is designed for preschool and kindergarten children, ages four to five years. Cognitive competence assesses skills in counting, knowledge of the alphabet and the ability to solve puzzles. Social competence assesses relationships with peers, such as having friends to play with and staying overnight at a friend's house. Physical competence focuses on outdoor play, such as skipping or running. Maternal and paternal acceptance assesses the parent's interaction with the child as seen by the child, such as the parent playing with the child.

The test has not yet been analyzed for validity. The plates that were used have, though, been tested to insure that children can understand them. A factor analysis of scores on the plates yields a two-factor solution (Harter and Pike, 1981). One factor consists of items from the cognitive and physical subscales. The developers believe that this could be due to young children being unable to distinguish between cognitive and physical skills. They seem to group together all tasks in which one has to do something. The second factor consists of items from the social competence and maternal acceptance subscales. This factor may also contain the paternal subscale (it was added by the developers after the factor analysis had been performed). The items on the subscales in the second factor do not ask children what their abilities are in performing a task. Instead, questions are asked concerning the

children's perception of relationships with their parents and friends. Young children seem to think that one either has friends and a nice mother to play with or one does not, and appear to be unaware that such interactions involve skills. Although there was no clear statistical distinction between the two kinds of general competence (physical and cognitive competence) and the two kinds of social acceptance (social competence and maternal acceptance), the test developers suggest retaining all five separate subscales (including the paternal acceptance scale) because they may provide useful data on individual children. For the purpose of this study the paternal subscale was included in an overall social acceptance score.

Subscale reliabilities for preschool age children were assessed by Harter and Pike (1981) with a coefficient alpha, which provides a measure of internal consistency (the paternal subscale has not been assessed for reliability because it was very recently designed). The individual subscales have a reliability ranging from 0.46 to 0.79. The combined scores for general competence (physical and cognitive competence) were found to have an internal consistency reliability of 0.79, while the combined scores of the social acceptance (social competence and maternal acceptance) had an internal consistency reliability of 0.87. The reliability of all 24 items combined was 0.89. These levels of reliability appear adequate for purposes of the present study.

Procedure. The test was administered according to the procedure specified by Harter and Pike (1981). A "structured alternative" format was used to offset any possible tendency to give socially desireable responses. In individual sessions, children were presented with a succession of plates,

each with two pictures on it. There are thirty-four plates, six each for the cognitive, physical, social and maternal subscales and ten for the paternal subscale (because further refinement on this subscale is planned). Table I contains a list of each of the thirty-four plates. The children were first asked to decide which kind of child they were the most like, the child in the picture on the right or the child in the picture on the left. Next the examiner pointed to large and small circles directly below the picture and emphasized key qualifying words to help the children refine their choices further. This procedure continued for each of the thirty-four plates, with the examiner reading instructions verbatim. In some pictures a target child central to the description is designated by an arrow pointing to that child. The examiner always pointed to that child. Each item was scored from one to four, such that a score of one indicated low perceived competence (or maternal or paternal acceptance) and a score of four indicated high perceived competence (or maternal or paternal acceptance). Scores were recorded and then averaged for each subscale, resulting in five separate subscale means (cognitive competence, physical competence, social competence, maternal acceptance and paternal acceptance). Four combined scores were also computed: general competence (physical and cognitive competence), social acceptance (social competence and maternal and paternal acceptance), overall competence and acceptance (without the paternal score), and overall competence and acceptance (using all five subscales).

Insert Table I about here

Five children did not answer the questions on the paternal subscale. Two of these children were from the Safehouse group, one girl who said that she did not have a father and one boy who was unable to take the subscale because it was not available. Three children, one girl and two boys, from the day care group did not answer these questions because they said that they did not have a father or that he had moved.

Results

Mean scores were computed for all five subscales for each group (see Table II). For comparison, the results of Harter and Pike's (1981) analysis of ninety preschool children are also presented in Table II; their means for the paternal subscale and the social acceptance subscale were not available. The first hypothesis was analyzed with a *t*-test comparing the three competence scores of the Safehouse children with those of the day care children. This was done individually for the three subscales (cognitive competence, social competence and physical competence), and by combining scores on the cognitive and physical subscales, for a general competence factor. Combined scores on the physical, cognitive and social competence and maternal acceptence subscales were compared for all of the children, and a combined score of all five subscales was compared for the twenty-seven children who completed all five subscales.

Insert Table II about here

The mean of the Safehouse children on the social competence subscale was 2.30, and the mean of the second group was 3.16. This difference was significant, $t[30] = 6.14$, $p<0.05$. The children tested by Harter and Pike (1981) had a mean of 3.0. This mean is also significantly higher than that of the Safehouse children, $t[15] = 4.12$, $p<0.05$, but not significantly different from that of the day care children, $t[15] = 1.23$, $p>0.05$.

T-tests were also performed to determine whether the difference between the maternal and paternal acceptance subscale scores of the Safehouse children and of the day care children was significant This included tests comparing the combined scores on parental acceptance as well as social acceptance for both groups.

The mean of Safehouse children on the paternal subscale was 2.82 while the second group had a mean of 3.38. This difference was significant, $t[25] = 2.33$, $p<0.025$.

The mean of all five subscales combined was 3.14 for the Safehouse children and 3.34 for the day care children. This difference also approached being significant, $t[25] = 1.43$, $p<0.10$. Other differences were not significant.

In order to assess any differences that might have been masked due to the age and sex of the children, t-tests were also conducted by matching each child from the Safehouse with a child of the same sex and similar age from the day care group. Only twenty-eight of the thirty-two children could be paired due to the differences between the number of males and females in the two groups. Because five children did not take the paternal acceptance subscale,

it was only possible to match eighteen children on the paternal subscale and the social acceptance factor. The average differences between the scores of these pairs were calculated and t-tests performed on these differences (see Table III). This was done for all five subscales, for the general competence factor and for the social acceptance factor.

Insert Table III about here

The cognitive subscale resulted in an average difference of 0.30, which was significant, $t[13] = 2.53$, $p<0.025$. The average difference on the paternal subscale, 0.56, was also significant, $t[8] = 2.18$, $p<0.05$. On a test with combined differences from the cognitive, physical, social and maternal subscales the average difference was .20, which was also significant with a lenient criterion, $t[13] = 1.61$, $p<0.10$. The combined average difference of all five subscale was .26, which was also barely significant, $t[8] = 1.2$, $p<0.10$. The other differences were not significant. The direction of the differences on all subscales for the matched pairs are presented in Table IV.

Insert Table IV about here

Discussion

All mean differences between the two groups were in the expected direction; by binomial expansion, the probability that all five scales would yield a difference in the expected direction by chance is only .03 (1/32). However, only three of the subscale comparisons yielded conventional

statistical significance: social competence in the unmatched analysis, paternal acceptance in both analyses (both presumably within the social acceptance factor) and cognitive competence in the analysis of matched pairs. Differences in maternal acceptance and physical competence did not achieve statistical significance. The Safehouse children did, then, feel less accepted by their peers and their fathers than the day care children. This was especially true of acceptance by their peers; here the mean was also significantly lower than that of the children tested by Harter and Pike. Furthermore, the Safehouse children felt less competent in cognitive skills than the children from the day care center.

The results of the comparisons between the children tested by Harter and Pike and the children from the day care center suggest that the the day care children have higher perceived self-competence in cognitive and physical skills. This may be due to an emphasis on developing these skills at the day care center. The children in these two groups appear to have similar self-perceived social competence and maternal acceptance. The lack of differences between the Safehouse children and the children tested by Harter and Pike on the physical and maternal subscales and combined general competence factor (cognitive and physical subscales) suggests the validity of the similarities found between the Safehouse children and the day care children in those areas. The significantly higher mean score of the children tested by Harter and Pike on the social competence subscale compared to the children from the Safehouse confirms the finding that children from Safehouse tend to have lower perceived social competence.

There are several reasons why this particular pattern of results may have been obtained. It could be that children who have observed violence do have lower general perceived competence and maternal acceptance than children who have not observed violence, but that various problems with the study prevented detection of this difference. The sample size, sixteen in each group, may have been too small to detect differences that actually exist. The possibility that some of the day care children may have come from homes where wife battering occurred could have masked possible differences. Because family income was only crudely assessed it is not clear whether there were significant differences in income between the two groups or whether this variable could have masked or artifactually generated some of the results. The test may not have measured perceived competence and maternal acceptance with sufficient precision, and it is possible that the children were too young to have a well formed notion of competence or maternal acceptance. It could also be that the children understood what the socially desirable responses were, and answered on this basis rather than according to their actual situation. Perhaps, though, four to five year old children who have observed wife battering actually do not perceive themselves as less competent generally or as less accepted by their mothers than children who have not observed wife battering, although Westra and Martin (1981) suggest that children from Safehouses actually have lower abilities.

The results on the paternal acceptance subscale may have been due to the high incidence of child abuse in the Safehouse group, rather than to the children's observation of their mother's battering. Fifty-six percent of the children from the shelter were reported by their Safehouse counselors to have

suffered abuse. This is a very high incidence. Flynn (1977) found that 33% of the men in his study who abused their wives also abused their children. In the present sample, out of the sixteen children who had observed violence, nine had themselves been physically abused. Eight of those children were abused by their father or step-father (the batterer) and the other child was abused by both parents. This included several varieties of physical abuse; two girls had also been sexually assaulted.

Among the problems of the present study which should be taken into consideration when evaluating the results is the possible difference in emotional states between the two groups of children. The Safehouse children were likely to have been under severe emotional stress after their mothers had been battered, had left their fathers and their homes and had moved to the shelters with their children. For this reason all but two of the Safehouse children were tested after they had been at the shelter for at least four days (this was not possible for the other two children). Two children were also included who had been at a shelter the previous year, but were living with their mother at the time of the testing. Still, it is impossible to know whether the results that were obtained reflect the children's normal feelings about themselves and their families or were distorted by the emotional stress they were going through. It must also be remembered that this study dealt only with children whose mothers had been battered and who had sought help at a shelter. It did not include children who had observed violence if their mother was not involved with a Safehouse, so it is not fully clear to what population the results can be generalized.

One further problem was that there was no way to know how many of the children from the day care center came from homes where there was wife battering. If as many as 50% of all women are battered at some point during their lives, as suggested by Walker (1979) and Davidson (1978), then the number of children who observed wife abuse in that group must also have been high, therefore diluting the measured differences between the two groups.

In conclusion, further research is clearly needed in this area to determine how children from abusive families are actually affected. A study with a much larger sample size, testing children of a broader age range, could yield some interesting results. Perhaps this could be done with third to ninth graders, using Harter's Perceived Competence Scale for Children (Harter, 1982). The results from such a study could also be interpreted more unequivocally if the children in the comparison group could be screened to exclude from it children whose mother had been battered.

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Table I

List of Plates Grouped According to Subscales

Subscale	Plate Number	Plate
COGNITIVE COMPETENCE	2	a. Good at puzzles
	7	b. Gets stars on papers
	12	c. Knows names of colors
	18	d. Good at counting
	24	e. Knows the alphabet
	29	f. Knows first letter of name
PHYSICAL COMPETENCE	4	a. Good at swinging
	10	b. Good at climbing
	15	c. Can tie shoes
	21	d. Good at skipping
	27	e. Good at running
	32	f. Good at hopping
PEER COMPETENCE	3	a. Has lots of friends
	8	b. Stays overnight at friend's house
	14	c. Has friends to play games with
	20	d. Has friends on the playground
	25	e. Gets asked to play with others
	31	f. Eats dinner at friend's house
MATERNAL ACCEPTANCE	6	a. Mom smiles
	11	b. Mom takes you places you like
	16	c. Mom cooks favorite foods
	23	d. Mom reads to you
	28	e. Mom plays with you
	33	f. Mom talks to you
PATERNAL ACCEPTANCE	1	a. Father goes on walks with you
	5	b. Father reads to you
	9	c. Father buys you toys
	13	d. Father takes you to the park
	17	e. Father helps you with chores
	19	f. Father plays games with you
	22	g. Father lets you help him
	26	h. Father plays ball with you
	30	i. Father hugs you
	34	j. Father fixes your broken toys

Table II

Mean Scores for the Children Tested

Subscale	Safehouse			Day Care			Harter and Pike		
	Mean	N	S.D.	Mean	N	S.D.	Mean	N	S.D.
Cognitive	3.40	16	.51	3.62	16	.25	3.20	90	NA
Physical	3.31	16	.50	3.36	16	.36	3.20	90	NA
Social*	2.30	16	.69	3.16	16	.53	3.00	90	NA
Maternal	2.93	16	.61	3.11	16	.67	3.10	90	NA
Paternal*	2.82	14	.71	3.38	13	.53	NA	NA	NA
General compet. (cog. and phy.)	3.35	16	.82	3.49	16	.44	3.20	90	NA
Social Accept. (social, mater. and paternal)	2.97	14	1.85	3.23	13	1.36	NA	NA	NA
Combined (cog., phy., social and mat.)	3.17	16	.44	3.31	16	.32	NA	NA	NA
Combined ** (all 5 subscales)	3.14	14	.33	3.34	13	.35	NA	NA	NA

*The difference between the Safehouse and day care means is significant at better than the .05 level by t-test.

**The difference between the Safehouse and day care means is significant at better than the .10 level by t-test.

Table III

Average Differences between Matched Pairs of

Safehouse Children and Day Care Children

Subscale	Number of Pairs	Mean Difference	S.D.
Cognitive*	n = 14	.30	.45
Physical	n = 14	.12	.59
Social	n = 14	.26	.88
Maternal	n = 14	.14	.83
Paternal*	n = 9	.56	.99
General compet. (cog. and phy.)	n = 14	.24	.86
Social Accept. (social, mater. and paternal)	n = 9	.75	2.41
Combined (cog., phy., social and mat.) **	n = 14	.20	.47
Combined (all five subscales) **	n = 9	.26	.66

*The average difference between the Safehouse and day care is significant at better than the .05 level by one-tailed t-test.

**The average difference between the Safehouse and day care is significant at better than the .10 level by one-tailed t-test.

Table IV

Direction of Matched Pairs

Subscale	Expected Direction	Opposite Direction	No Difference
cognitive	64%	21	14%
physical	43%	43%	14%
social	79%	21%	00%
maternal	50%	36%	14%
paternal	67%	33%	00%
general compet. (cog. and phy.)	50%	36%	14%
social accept. (social, mater., and paternal)	50%	36%	14%
Combined (cog.,phy., social, and mat.)	64%	29%	07%
Combined (all 5 subscales)	67%	33%	00%